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FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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2014 MAY 22 AM 7: 48

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NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.	^{g, type} 12FE4N	15
CAPITALIST	PAG			· · · · · · · · · · · · · · · · · · ·
ADDRESS (number and street)	PO BOX 4	8.44.		
Check if different than previously				
reported. (ACC)	Baltilake City 14 184119-			
2. FEC IDENTIFICATION NUMBER ▼ · · · · · CITY ▲ STATE ▲ ZIP CODE ▲				
COOS47182 3. IS THIS NEW (N) OR (A)				
4. TYPE OF REPORT (Choose One)	(b) Monthly Feport Due On:	- eb 20 (M2) N	May 20 (M5) A	ug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reparts:	N A	Mar 20 (M3) J	un 20 (M6) S	ep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (C	· · · · · · · · · · · · · · · · · · ·	<u> </u>	ul 20 (M7) O	ct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (C	(C) 12-Day PRE-Election	Primary (12P)) Gener	ral (12G) Runoff (12R)
October 15	Heport for the	: Convention (1	12C) Specia	al (12S)
Quarterly Report (C January 31 Year-End Report (Y	Fie	ction on	Dob / Y V Y	State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	POST-Election	Stand	i) Runof	f (30R) Special (30S)
Termination Report (TER)	Report for the	ction on	D / Y Y Y	in the State of
5. Covering Period CI CI ZCI 4 through C3 3 3.1 ZCI 4				
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Blake				
Signature of Treasurer Date 54 15 2014				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.				
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